

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000528876

**Entity Name:** TRIPLE CROWN ATHLETICS, LLC

**Current Principal Place of Business:**

814 SW PINE ISLAND RD  
SUITE #310  
CAPE CORAL, FL 33991

**Current Mailing Address:**

814 SW PINE ISLAND RD  
SUITE #310  
CAPE CORAL, FL 33991

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHAPPELL, HOWARD  
5237 SUMMERLIN COMMONS BLVD.  
SUITE #366  
FORT MYERS, FL 33907 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DANTONA, RICHARD  
Address 814 SW PINE ISLAND RD, SUITE 310  
City-State-Zip: CAPE CORAL FL 33991

Title MGRM  
Name WATKINS, JAYLEN  
Address 814 SW PINE ISLAND RD, SUITE 310  
City-State-Zip: CAPE CORAL FL 33991

Title MGRM  
Name LONCONTORA, ANDREW  
Address 814 SW PINE ISLAND RD, SUITE 310  
City-State-Zip: CAPE CORAL FL 33991

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICHARD DANTONA

MGRM

04/27/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date